

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|------------|------------|----------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>Low</i> | <i>3</i> | <i>275</i> |
| FORMALITY REVIEW | | <i>949</i> | <i>5/29/01</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
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| 2 | 25 | 25 | |
| 3 | 3 | 0 | |
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| 6 | 6 | | |
| 7 | 7 | 0 | |
| 8 | ✓ | ✓ | |
| 9 | 0 | 0 | |
| 10 | 0 | 0 | |
| 11 | 0 | 0 | |
| 12 | ✓ | ✓ | |
| 13 | 0 | 0 | |
| 14 | 0 | 0 | |
| 15 | ✓ | ✓ | |
| 16 | 0 | 0 | |
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| 21 | 0 | 0 | |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)